

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/020977																																																																												
Substitute for Form PTO-875																																																																																		
CLAIMS AS FILED – PART I																																																																																		
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY																																																																												
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE																																																																											
BASIC FEE (37 CFR 1.16(a))				<div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">/</div></div>		<div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">/</div></div>																																																																												
TOTAL CLAIMS (37 CFR 1.16(c))				X \$ ____ =		OR X \$ ____ =																																																																												
INDEPENDENT CLAIMS (37 CFR 1.16(b))				X \$ ____ =		OR X \$ ____ =																																																																												
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ ____ =		OR + \$ ____ =																																																																												
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR TOTAL																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED – PART II</th> </tr> <tr> <th colspan="2" style="text-align: center; padding: 5px;">(Column 1)</th> <th colspan="2" style="text-align: center; padding: 5px;">(Column 2)</th> <th colspan="2" style="text-align: center; padding: 5px;">(Column 3)</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle; padding: 5px;">AMENDMENT A</td> <td style="text-align: center; padding: 5px;">7/13/04</td> <td style="text-align: center; padding: 5px;">CLAIMS REMAINING AFTER AMENDMENT</td> <td style="text-align: center; padding: 5px;">HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td colspan="2" style="text-align: center; padding: 5px;">PRESENT EXTRA</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Total (37 CFR 1.16(c))</td> <td style="text-align: center; padding: 5px;">* 20</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">** 20</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Independent (37 CFR 1.16(b))</td> <td style="text-align: center; padding: 5px;">* 6</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">*** 6</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td colspan="5" style="padding: 5px;">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle; padding: 5px;">AMENDMENT B</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;">CLAIMS REMAINING AFTER AMENDMENT</td> <td style="text-align: center; padding: 5px;">HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td colspan="2" style="text-align: center; padding: 5px;">PRESENT EXTRA</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Total (37 CFR 1.16(c))</td> <td style="text-align: center; padding: 5px;">*</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">**</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Independent (37 CFR 1.16(b))</td> <td style="text-align: center; padding: 5px;">*</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">***</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td colspan="5" style="padding: 5px;">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle; padding: 5px;">AMENDMENT C</td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;">CLAIMS REMAINING AFTER AMENDMENT</td> <td style="text-align: center; padding: 5px;">HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td colspan="2" style="text-align: center; padding: 5px;">PRESENT EXTRA</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Total (37 CFR 1.16(c))</td> <td style="text-align: center; padding: 5px;">*</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">**</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Independent (37 CFR 1.16(b))</td> <td style="text-align: center; padding: 5px;">*</td> <td style="text-align: center; padding: 5px;">Minus</td> <td style="text-align: center; padding: 5px;">***</td> <td style="text-align: center; padding: 5px;">=</td> </tr> <tr> <td colspan="5" style="padding: 5px;">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table>								CLAIMS AS AMENDED – PART II						(Column 1)		(Column 2)		(Column 3)		AMENDMENT A	7/13/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		Total (37 CFR 1.16(c))	* 20	Minus	** 20	=	Independent (37 CFR 1.16(b))	* 6	Minus	*** 6	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		Total (37 CFR 1.16(c))	*	Minus	**	=	Independent (37 CFR 1.16(b))	*	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		Total (37 CFR 1.16(c))	*	Minus	**	=	Independent (37 CFR 1.16(b))	*	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				
CLAIMS AS AMENDED – PART II																																																																																		
(Column 1)		(Column 2)		(Column 3)																																																																														
AMENDMENT A	7/13/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																																																														
	Total (37 CFR 1.16(c))	* 20	Minus	** 20	=																																																																													
	Independent (37 CFR 1.16(b))	* 6	Minus	*** 6	=																																																																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																																																	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																																																														
	Total (37 CFR 1.16(c))	*	Minus	**	=																																																																													
	Independent (37 CFR 1.16(b))	*	Minus	***	=																																																																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																																																	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																																																														
	Total (37 CFR 1.16(c))	*	Minus	**	=																																																																													
	Independent (37 CFR 1.16(b))	*	Minus	***	=																																																																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">(Column 1)</th> <th colspan="2" style="text-align: center; padding: 5px;">(Column 2)</th> <th colspan="2" style="text-align: center; padding: 5px;">(Column 3)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">RATE</td> <td style="text-align: center; padding: 5px;">ADDITIONAL FEE</td> <td style="text-align: center; padding: 5px;">RATE</td> <td style="text-align: center; padding: 5px;">ADDITIONAL FEE</td> <td style="text-align: center; padding: 5px;">RATE</td> <td style="text-align: center; padding: 5px;">ADDITIONAL FEE</td> </tr> <tr> <td colspan="2" style="padding: 5px;">X \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR X \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR X \$ ____ =</td> </tr> <tr> <td colspan="2" style="padding: 5px;">X \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR X \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR X \$ ____ =</td> </tr> <tr> <td colspan="2" style="padding: 5px;">+ \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR + \$ ____ =</td> <td colspan="2" style="padding: 5px;">OR + \$ ____ =</td> </tr> <tr> <td colspan="2" style="padding: 5px;">TOTAL ADD'L FEE</td> <td colspan="2" style="padding: 5px;">OR TOTAL ADD'L FEE</td> <td colspan="2" style="padding: 5px;">OR TOTAL ADD'L FEE</td> </tr> </tbody> </table>						(Column 1)		(Column 2)		(Column 3)		RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	X \$ ____ =		OR X \$ ____ =		OR X \$ ____ =		X \$ ____ =		OR X \$ ____ =		OR X \$ ____ =		+ \$ ____ =		OR + \$ ____ =		OR + \$ ____ =		TOTAL ADD'L FEE		OR TOTAL ADD'L FEE		OR TOTAL ADD'L FEE																																										
(Column 1)		(Column 2)		(Column 3)																																																																														
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE																																																																													
X \$ ____ =		OR X \$ ____ =		OR X \$ ____ =																																																																														
X \$ ____ =		OR X \$ ____ =		OR X \$ ____ =																																																																														
+ \$ ____ =		OR + \$ ____ =		OR + \$ ____ =																																																																														
TOTAL ADD'L FEE		OR TOTAL ADD'L FEE		OR TOTAL ADD'L FEE																																																																														

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.